

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-029377

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 270 Primary Registration District No. 3050 Registrar's No. 35

FILED AUG 8 1963

1. PLACE OF DEATH

a. COUNTY **Pemiscot**

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN **Caruthersville**

Length of stay in 1b
34 Yrs.

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION **1012 Adams Ave.**

Inside Limits
Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE **Missouri** b. COUNTY **Pemiscot**

c. CITY
OR
TOWN **Caruthersville**

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
1012 Adams Ave.

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED

First Middle Last
Lee Jennings

4. DATE OF DEATH
Month Day Year
July 25, 1963

5. SEX

Male

6. COLOR OR RACE

Negro

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

9/23/99

9. AGE (last birthday)

63

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Cotto Tyer-

10b. KIND OF BUSINESS OR INDUSTRY
Federal Compress

11. BIRTHPLACE (City and state or country)
Pheba, Mississippi

12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME

Harvey Jennings

13b. MOTHER'S MAIDEN NAME

Bell Goss

14. NAME OF HUSBAND OR WIFE

Mattie W. Jennings

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) **Yes**

16. SOCIAL SECURITY NO.
W.W. 1

17. INFORMANT
Address **1012 Adams**
Mrs. Mattie Jennings-C'ville, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

**Coronary heart disease
repeated attacks**

INTERVAL BETWEEN ONSET AND DEATH

**instant
3 yrs.**

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m.
Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from _____ to _____ and last saw her/him alive on _____.
Death occurred at **about 5:45 P.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)
D. W. Cook M.D.

22b. ADDRESS **Caruthersville, Mo.** 22c. DATE SIGNED **8/5/63**

23a. BURIAL, CREMATION, REMOVAL (Specify)
Burial

23b. DATE
Aug. 4, 1963

23c. NAME OF CEMETERY OR CREMATORY
Morgan Ridge Cemetery

23d. LOCATION (City, town, or county) (State)
Caruthersville, Missouri

24. FUNERAL DIRECTOR
H.S. Smith

ADDRESS
F. Home-Caruthersville, Mo.

25. DATE RECD. BY LOCAL REG.
8-5-63

26. REGISTRAR'S SIGNATURE
Jack W. Tipton

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

VS 300
Rev. 4/59
10785
20785
3
4 2
5 1
6
7 1
8 0
94201
10
11
12 90-0
13 28

AUG 14 1963

SEP 18 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

W. Denver Pike

Licensed Embalmer No. 4484

P. O. Address

Caruthersville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.